



PATENT  
Attorney Docket No. ASX-055

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED  
AUG 29 2003  
TC 1700

APPLICANT(S): Goodman et al.  
SERIAL NO.: 09/960,227 GROUP NO.: 1763  
FILING DATE: September 20, 2001 EXAMINER: Hassanzadeh, P.  
TITLE: RF Power Supply With Integrated Matching Network

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 22<sup>nd</sup> day of August, 2003.

  
Pamela Sousa-Atwood

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 page);
2. Fee Transmittal (1 page);
3. Check in the amount of \$930.00;
4. Petition for Extension of Time Under 37 CFR 1.136(a) (1 page);
5. Response to Restriction Requirement (1 page); and
6. Return Receipt Postcard.



# TRANSMITTAL FORM

Application Serial Number	09/960,227 ✓
Filing Date	September 20, 2001
First Named Inventor	Goodman
Group Art Unit	1763
Examiner Name	Hassanzadeh, P.
Attorney Docket No.	ASX-055
Patent No.	Not applicable
Issue Date	Not applicable

RECEIVED  
AUG 29 2003  
TIC 1700

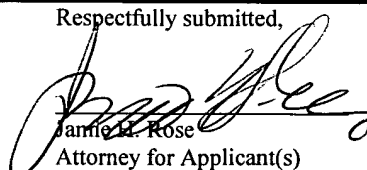
## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	Response to Restriction Requirement
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100

## SIGNATURE BLOCK

Respectfully submitted,  
  
Date: August 22, 2003  
Reg. No. 45,054  
Tel. No.: (617) 248-7376  
Fax No.: (617) 248-7100  
Attorney for Applicant(s)  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110



**FEE TRANSMITTAL**  
**FY 2003**

Complete if Known

Application Serial Number	09/960,227
Filing Date	September 20, 2001
First Named Inventor	Goodman
Group Art Unit	1763
Examiner Name	Hassanzadeh, P.
Attorney Docket No.	ASX-055

RECEIVED  
AUG 29 2003  
TC 1700

METHOD OF PAYMENT				FEE CALCULATION (continued)																																						
<b>1. <input checked="" type="checkbox"/> Payment Enclosed:</b> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				<b>3. ADDITIONAL FEES</b>																																						
<b>2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.</b> <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.																																										
<b>3. <input type="checkbox"/> Applicant claims small entity status.</b>																																										
<b>FEE CALCULATION</b>																																										
<b>1. FILING FEE</b>																																										
<table><thead><tr><th>Large Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>750</td><td>Utility filing fee</td><td></td></tr><tr><td>330</td><td>Design filing fee</td><td></td></tr><tr><td>160</td><td>Provisional filing fee</td><td></td></tr></tbody></table>				Large Entity Fee (\$)	Fee Description	Fee Paid	750	Utility filing fee		330	Design filing fee		160	Provisional filing fee																												
Large Entity Fee (\$)	Fee Description	Fee Paid																																								
750	Utility filing fee																																									
330	Design filing fee																																									
160	Provisional filing fee																																									
<table><thead><tr><th></th><th>Number Filed</th><th>Number Extra</th><th>Rate</th><th>Amount</th></tr></thead><tbody><tr><td>Total Claims</td><td>- 20 =</td><td></td><td>x \$ 18.00 =</td><td></td></tr><tr><td>Independent Claims</td><td>- 3 =</td><td></td><td>x \$ 84.00 =</td><td></td></tr><tr><td colspan="4"><input type="checkbox"/> Multiple Dependent Claim(s), if any \$280.00 =</td><td></td></tr><tr><td colspan="4">TOTAL: 0.00</td><td></td></tr><tr><td colspan="4">SMALL ENTITY DISCOUNT:</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1) (\$)</td><td>0.00</td></tr></tbody></table>					Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =		x \$ 18.00 =		Independent Claims	- 3 =		x \$ 84.00 =		<input type="checkbox"/> Multiple Dependent Claim(s), if any \$280.00 =					TOTAL: 0.00					SMALL ENTITY DISCOUNT:					SUBTOTAL (1) (\$)				0.00				
	Number Filed	Number Extra	Rate	Amount																																						
Total Claims	- 20 =		x \$ 18.00 =																																							
Independent Claims	- 3 =		x \$ 84.00 =																																							
<input type="checkbox"/> Multiple Dependent Claim(s), if any \$280.00 =																																										
TOTAL: 0.00																																										
SMALL ENTITY DISCOUNT:																																										
SUBTOTAL (1) (\$)				0.00																																						
<b>2. AMENDMENT CLAIM FEES</b>																																										
<table><thead><tr><th>Claims Remaining After Amend.</th><th>Highest No. Previously Paid For</th><th>Present Extra</th><th>Rate</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total</td><td>-</td><td>=</td><td>x \$ 18.00 =</td><td></td></tr><tr><td>Indep.</td><td>-</td><td>=</td><td>x \$ 84.00 =</td><td></td></tr><tr><td colspan="4"><input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$280.00 =</td><td></td></tr><tr><td colspan="4">TOTAL: (\$)0.00</td><td></td></tr><tr><td colspan="4">SMALL ENTITY DISCOUNT: (\$)</td><td></td></tr><tr><td colspan="4">SUBTOTAL (2) (\$)</td><td>0.00</td></tr></tbody></table>				Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total	-	=	x \$ 18.00 =		Indep.	-	=	x \$ 84.00 =		<input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$280.00 =					TOTAL: (\$)0.00					SMALL ENTITY DISCOUNT: (\$)					SUBTOTAL (2) (\$)				0.00				
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid																																						
Total	-	=	x \$ 18.00 =																																							
Indep.	-	=	x \$ 84.00 =																																							
<input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$280.00 =																																										
TOTAL: (\$)0.00																																										
SMALL ENTITY DISCOUNT: (\$)																																										
SUBTOTAL (2) (\$)				0.00																																						
				<b>SUBTOTAL (3) (\$)</b> 930.00																																						
				<b>SUBTOTAL (1)</b> 0.00																																						
				<b>SUBTOTAL (2)</b> 0.00																																						
				<b>SUBTOTAL (3)</b> 930.00																																						
				<b>TOTAL (\$)</b> 930.00																																						
<b>CORRESPONDENCE ADDRESS</b>				<b>SIGNATURE BLOCK</b>																																						
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100				Respectfully submitted,  Jamie H. Rose Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110																																						
Date: August 22, 2003 Reg. No.: 45,054 Tel. No.: (617) 248-7376 Fax No.: (617) 248-7100																																										